

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

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Nexus Bankruptcy
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- ☐ Debtor(s) appearing without an attorney
☒ Attorney for Debtor(s)

United States Bankruptcy Court
Central District of California - Santa Ana Division

In re:
Elizabeth M Matias

CASE NO.:
CHAPTER: 7

DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

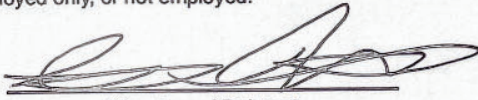
1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
☐ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 10/31/2023

Elizabeth M Matias
Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
☐ I was not paid by an employer because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708

Pay Group: H10-Ten Hour Shift/40 Work Week
Pay Begin Date: 09/03/2023
Pay End Date: 09/16/2023

Business Unit: MHS00
Advice #: 74410716
Advice Date: 09/22/2023

Elizabeth Matias 13902 parkway dr Garden grove, CA 92843 ***_**-7605	Employee ID: 163821 Department: 861045-MemorialCare Navigation Center Location: MCSS-MemorialCare Shared Svcs Job Code(s): M-0039 JobPayRate(s): 23.76	TAX DATA: Marital Status: Single Allowances: 0 Addl. Pct.: Addl. Amt.: Federal S/M-2 inc 1 CA State
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HOURS AND EARNINGS							TAXES			
			-----Pay Period-----		----- Current -----					
DeptId	JobCode	Description	Begin Date	End Date	Rate	Hours	Earnings	Description	Current	YTD
861045	/ M-0039 / FL	Family Leave/PTO			23.76	4.89	116.19	Fed Withholdng	0.00	999.68
861045	/ M-0039 / FU	Family Leave Unpaid Ho				32.00	0.00	Fed MED/EE	4.46	272.31
861045	/ M-0039 / FU	Family Leave Unpaid Ho				8.00	0.00	Fed OASDI/EE	19.08	1,164.38
861045	/ M-0039 / FU	Family Leave Unpaid Ho				3.05	0.00	CA Withholdng	0.00	212.86
861045	/ M-0039 / ST	* Straight Time			23.76	8.06	191.51	CA OASDI/EE	2.77	169.02

TOTAL: (* Hours worked were 8.06) 56.00 307.70 Total 26.31 2,818.25

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Employee Contribution	3.08	187.78				Life & AD&D	1.04	19.12
						Long Term Disability	4.47	48.13
Total:	3.08	187.78	Total:	0.00	0.00	*Taxable		
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES		
Current	307.70	304.62					3.08	278.31
YTD	18,780.27	18,592.49					187.78	15,774.24

OTHER BALANCES	
Total PTO Hours:	1.25
PTO Hours Accrued this Pay Period:	1.25
PTO Accrual Rate (Per Hour):	0.096154
CA Paid Sick Leave(Per Diem):	00.00
KinCare (1/2 PTO accrual):	1.25
Employee Retirement Deduction %:	N/A
Retirement Qualifying Hours:	809.87

NET PAY DISTRIBUTION		
Advice #	74410716	278.31
Total:		278.31

MESSAGE:

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708

Date: 09/22/2023

Advice No. 74410716

Deposit Amount: **\$278.31**

To The
Account(s) Of 861045-MemorialCare Navigation Center
ELIZABETH MATIAS
13902 parkway dr
Garden grove, CA 92843

Location: MCSS-MemorialCare Shared Svcs

DIRECT DEPOSIT DISTRIBUTION			
Account Type	Account Number	Amount	Deposit
Checking	*****1703		278.31
Total:			278.31

NON-NEGOTIABLE

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708

Pay Group: 1118 Ten Hour Shift/40 Work Week
Pay Begin Date: 09/17/2023
Pay End Date: 09/30/2023

Business Unit: MHS00
Advice #: 74421748
Advice Date: 10/06/2023

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Elizabeth Matias 13902 parkway dr Garden grove, CA 92843 ***_**-7605				Employee ID: 163821 Department: 861045-MemorialCare Navigation Center Location: MCSS-MemorialCare Shared Svcs Job Code(s): M-0039 JobPayRate(s): 23.76			TAX DATA: Marital Status: Single Allowances: 0 Addl. Pct.: Addl. Amt.:			Federal Single 0 1	CA State S/M-2 inc 1
HOURS AND EARNINGS							TAXES				
-----Pay Period-----							----- Current -----				
Deptid	JobCode	Description	Begin Date	End Date	Rate	Hours	Earnings	Description	Current	YTD	
861045	/ M-0039 / FL	Family Leave/PTO			23.76	1.25	29.70	Fed Withholding	18.45	1,018.13	
861045	/ M-0039 / FU	Family Leave Unpaid Ho				6.14	0.00	Fed MED/EE	10.51	282.82	
861045	/ M-0039 / FU	Family Leave Unpaid Ho				6.40	0.00	Fed OASDI/EE	44.91	1,209.29	
861045	/ M-0039 / FU	Family Leave Unpaid Ho				16.00	0.00	CA Withholding	1.18	214.04	
861045	/ M-0039 / ST *	Straight Time			23.76	20.86	495.63	CA OASDI/EE	6.52	175.54	
861045	/ M-0039 / ST *	Straight Time			23.76	8.38	199.11				
861045	/ M-0039 / UA	Unscheduled Hrs/Unpaid				5.01	0.00				
TOTAL: (* Hours worked were 29.24)							64.04	724.44	Total	81.57	2,899.82
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS				EMPLOYER PAID BENEFITS				
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD			
401K Employee Contribution	7.24	195.02				Life & AD&D	1.04	20.16			
						Long Term Disability	4.47	52.60			
Total:	7.24	195.02	Total:	0.00	0.00	*Taxable					
TOTAL GROSS		FED TAXABLE GROSS	TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY				
Current	724.44	717.20	81.57		7.24		635.63				
YTD	19,504.71	19,309.69	2,899.82		195.02		16,409.87				
OTHER BALANCES			NET PAY DISTRIBUTION								
Total PTO Hours:			2.93								
PTO Hours Accrued this Pay Period:			2.93								
PTO Accrual Rate (Per Hour):			0.096154								
CA Paid Sick Leave(Per Diem):			00.00								
KinCare (1/2 PTO accrual):			2.93								
Employee Retirement Deduction %:			N/A								
Retirement Qualifying Hours:			840.36								

MESSAGE:

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708

Date: 10/06/2023

Advice No. 74421748

Deposit Amount: **\$635.63**

To The
Account(s) Of 861045-MemorialCare Navigation Center
ELIZABETH MATIAS
13902 parkway dr
Garden grove, CA 92843

Location: MCSS-MemorialCare Shared Svcs

DIRECT DEPOSIT DISTRIBUTION			
Account Type	Account Number	Amount	Deposit
Checking	*****1703		635.63
Total:			635.63

NON-NEGOTIABLE

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708

Pay Group: 1110 Ten-Hour Shifts Work Week
Pay Begin Date: 10/01/2023
Pay End Date: 10/14/2023

Business Unit: MHS00
Advice #: **74432688**
Advice Date: 10/20/2023

Elizabeth Matias
13902 parkway dr
Garden grove, CA 92843
***-**-7605

Employee ID: 163821
Department: 861045-MemorialCare Navigation Center
Location: MCSS-MemorialCare Shared Svcs
Job Code(s): M-0039
JobPayRate(s): 23.76

TAX DATA:
Marital Status: Federal Single CA State S/M-2 inc
Allowances: 0 1
Addl. Pct.:
Addl. Amt.:

HOURS AND EARNINGS						TAXES		
-----Pay Period-----				----- Current -----				
Deptid	JobCode	Description	Begin Date	End Date	Rate	Hours	Earnings	YTD
861045	/M-0039 / FL	Family Leave/PTO			23.76	2.93	69.62	
861045	/M-0039 / FU	Family Leave Unpaid Ho				12.39	0.00	
861045	/M-0039 / FU	Family Leave Unpaid Ho				17.31	0.00	
861045	/M-0039 / ST *	Straight Time			23.76	19.62	466.17	
861045	/M-0039 / ST *	Straight Time			23.76	11.76	279.42	
TOTAL: (* Hours worked were 31.38)						64.01	815.21	
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Employee Contribution	8.15	203.17				Life & AD&D	1.04	21.20
						Long Term Disability	4.47	57.07
Total:	8.15	203.17	Total:	0.00	0.00	*Taxable		
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES		
Current	815.21			807.06			8.15	706.75
YTD	20,319.92			20,116.75			203.17	17,116.62

OTHER BALANCES

Total PTO Hours: 3.30
PTO Hours Accrued this Pay Period: 3.30
PTO Accrual Rate (Per Hour): 0.096154
CA Paid Sick Leave(Per Diem): 00.00
KinCare (1/2 PTO accrual): 3.30
Employee Retirement Deduction %: N/A
Retirement Qualifying Hours: 874.67

NET PAY DISTRIBUTION

Advice # 74432688 706.75
Total: 706.75

MESSAGE:

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708

Date: 10/20/2023

Advice No. 74432688

Deposit Amount: **\$706.75**

To The
Account(s) Of 861045-MemorialCare Navigation Center
ELIZABETH MATIAS
13902 parkway dr
Garden grove, CA 92843
Location: MCSS-MemorialCare Shared Svcs

DIRECT DEPOSIT DISTRIBUTION			
Account Type	Account Number	Amount	Deposit
Checking	*****7220		706.75
Total:			706.75

NON-NEGOTIABLE

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708Pay Group: H10-Ten Hour Shift/40 Work Week
Pay Begin Date: 10/15/2023
Pay End Date: 10/28/2023Business Unit: MHS00
Advice #: 74444155
Advice Date: 11/03/2023

Elizabeth Matias 13902 parkway dr Garden grove, CA 92843 ***-**-7605	Employee ID: 163821 Department: 861045-MemorialCare Navigation Center Location: MCSS-MemorialCare Shared Svcs Job Code(s): M-0039 JobPayRate(s): 23.76	TAX DATA: Marital Status: Single Allowances: 0 Addl. Pct.: Addl. Amt.: Federal Single 0 CA State S/M-2 inc 1
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HOURS AND EARNINGS							TAXES			
			-----Pay Period-----		----- Current -----					
DeptId	JobCode	Description	Begin Date	End Date	Rate	Hours	Earnings	Description	Current	YTD
861045	/ M-0039 / FL	Family Leave/PTO			23.76	3.30	78.41	Fed Withholdng	2.10	1,047.67
861045	/ M-0039 / FU	Family Leave Unpaid Ho				8.00	0.00	Fed MED/EE	8.11	302.75
861045	/ M-0039 / FU	Family Leave Unpaid Ho				10.97	0.00	Fed OASDI/EE	34.67	1,294.51
861045	/ M-0039 / FU	Family Leave Unpaid Ho				8.53	0.00	CA Withholdng	0.00	217.20
861045	/ M-0039 / FU	Family Leave Unpaid Ho				8.29	0.00	CA OASDI/EE	5.03	187.91
861045	/ M-0039 / ST	* Straight Time			23.76	8.32	197.68			
861045	/ M-0039 / ST	* Straight Time			23.76	11.92	283.22			
861045	/ M-0039 / UA	Unscheduled Hrs/Unpaid				4.70	0.00			
TOTAL: (* Hours worked were 20.24)						64.03	559.31	Total	49.91	3,050.04

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K Employee Contribution	5.59	208.76				Life & AD&D	1.04	22.24
						Long Term Disability	4.47	61.54
Total:	5.59	208.76	Total:	0.00	0.00	*Taxable		
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES		
Current	559.31		553.72			5.59		503.81
YTD	20,879.23		20,670.47		3,050.04	208.76		17,620.43

OTHER BALANCES	
Total PTO Hours:	2.26
PTO Hours Accrued this Pay Period:	2.26
PTO Accrual Rate (Per Hour):	0.096154
CA Paid Sick Leave(Per Diem):	00.00
KimCare (1/2 PTO accrual):	2.26
Employee Retirement Deduction %:	N/A
Retirement Qualifying Hours:	898.21

NET PAY DISTRIBUTION	
Advice #	74444155
503.81	
Total:	503.81

MESSAGE:

Memorial Health Services
17360 Brookhurst
Fountain Valley, CA 92708

Date: 11/03/2023

Advice No. 74444155

Deposit Amount: \$503.81

To The
Account(s) Of 861045-MemorialCare Navigation Center
ELIZABETH MATIAS
13902 parkway dr
Garden grove, CA 92843

Location: MCSS-MemorialCare Shared Svcs

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit
	Amount	
Checking	*****7220	503.81
Total:		503.81

NON-NEGOTIABLE